

possibility of amebic parasitism being self-limited, as in the case of hookworm, the point is still uncertain.

The title of this paper does not include discussion of complications of amebic colitis. However, mention must be made of amebic foci in the appendix which are probably responsible for many resistant cases. Many of these, uncured by other treatment, will be cleared by appendicostomy and colon irrigation. But the same result apparently follows appendectomy and surgical removal in this way of the amebic focus. Appendectomy, therefore, should be considered in cases resistant to medical treatment. Biliary tract infection is a possibility worthy of serious consideration.

*Prevention of Amebiasis.* Obviously prevention of amebic infection depends primarily on proper disposal of cyst-infected fecal material. Secondarily and more practically it depends on avoidance of ingestion of cyst-infected food and drink. Food infection is favored chiefly by flies and by unclean methods of handling and preparation. Every individual should make it a practice to wash his hands immediately before eating and to keep his fingers out of his mouth at all times. In a broader sense, too, the introduction of pathogenic amebæ by foreign immigration deserves special concern.

*Emetin.* Emetin is a potent and toxic alkaloid and must be handled circumspectly. It causes gastrointestinal irritation, low blood-pressure with a fast, weak heart and depression of the central nervous system. Its toxicity varies with different commercial preparations. The diarrhea produced by emetin may be confused with an uncured dysentery, and serious poisoning result, from pushing the drug too far. Occasionally cases of idiosyncrasy to emetin are seen. It causes considerable local irritation on injection. The use of emetin has been discussed in greater detail previously.<sup>5</sup>

*Conclusion.* In the words of Manson, "The capacity for latency often exhibited by the germs of dysentery is remarkable." Pathogenic amebæ are widely spread in the United States. Because of their tendency to produce carrier and chronic forms the physician should be constantly on the watch. Atypical, unexpected and bizarre symptoms are surprisingly frequent. Diarrhea and dysentery are frequently not present either in the history or present status of patients suffering from amebic colitis. No obscure case has been sufficiently studied until amebæ have been eliminated as a possible cause; and every gastrointestinal case, in its diagnostic routine, should have included a search for these organisms.

<sup>5</sup> Reed, Alfred C.: Boston Med. and Surg. Jour., September 14, 1916.

## REVIEWS.

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COLLECTED PAPERS OF THE MAYO CLINIC. Edited by Mrs. M. H. MELLISH. Vol. XIII, 1921. Pp. 1318; 392 illustrations. Philadelphia and London: W. B. Saunders Company, 1922.

EACH annual volume from the Mayo Clinic since 1914 confirms the opinion expressed in this journal by the reviewer (A. P. C. A.) of the *Collected Papers* of that year to the effect that the Clinic was then entering upon its third and final period of development, a period characterized by an "interest which centers in pathology—the causes and natural course of disease." Only 4 of the 117 articles included in this volume are listed under the heading of technic (first period) and very few relate to the end-results of surgical treatment (second period), whereas the great majority concern themselves with the development and course of disease. In order to further this end, not only have extensive clinical investigations been made but much experimental work on lower animals has been accomplished. Thus the Mayo Clinic now stands for the investigation of disease from the broadest scientific point of view. The articles as a whole are well written, make ample reference to the literature, are splendidly illustrated and in number probably exceed the total product of any other local medical organization.

T. G. M.

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VITAL FACTORS OF FOODS. By CARLETON ELLIS, Consulting Chemist, and ANNIE LOUISE MACLEOD, Associate Professor of Chemistry, Vassar College. Pp. 391; 12 illustrations. New York: D. Van Nostrand Company, 1922.

THIS book is one of the most complete and comprehensive offerings that has appeared on the subject of vitamins. The first part of the book is taken up with their historical development, followed by a series of chapters on their nature, classification, distribution and stability; while the latter part is devoted specifically to the deficiency diseases, especially from the point of view of the pediatrician. An extensive table on the distribution of vitamins is included in the appendix.

The outstanding feature of the book is its completeness and its magnificent bibliography. The organization of the material also

warrants special comment. The personalities of the authors are, however, completely submerged, and there is a lack of the critical element. The book partakes more of the nature of a collection of abstracts of the work and opinions of the investigators in this field of nutrition, leaving the reader more or less to formulate his own conclusions.

While the book does not present any previously unpublished material, it must, nevertheless, be considered a distinct contribution to the science of nutrition. The investigator will be delighted with the splendid set of references, while the dietitian, the pediatrician, and the general practitioner will find it a ready and up-to-date handbook.

A. J. Q.

THE PSYCHIC HEALTH OF JESUS. By WALTER E. BUNDY, Ph.D., Associate Professor of English Bible in DePaw University. First edition. Pp. 299. New York: The Macmillan Company, 1922.

To most people the mere intimation that the psychic health of Jesus was not normal appears as sacrilege, yet the author has undertaken the task of discussing this subject chiefly in reply to certain articles and books which have been published in German and in French, articles that have pointedly discussed the psychic health of Jesus and in which the authors concluded that Jesus was of unsound mind.

The psychic health of Jesus is discussed by some of his critics under various headings, such as: "Was Jesus an epileptic?" "Was Jesus a paranoiac?" "Was Jesus an ecstatic?" "Was Jesus a fanatic?" None of his critics make mention of the possibility of Jesus having been a sufferer from manic-depressive insanity, despite the fact that there is apparently a clear history of mental disease in his family. His relatives and friends, as recited in *Mark*, 3:21, evidently believed that Jesus was of unsound mind. This verse says, "And when his friends heard it, they went out to lay hold on him: for they said, He is beside himself." On this particular paragraph in *Mark*, Soury has commented as follows: "If Mary and the brothers of Jesus had brought him again into the house of the carpenter of Nazareth, the Galilean prophet would perhaps have ended his life obscurely in some cellar of the paternal dwelling, held by a chain as a Gadarene demoniac." "The Transfiguration," "The Cursing of the Fig Tree," "The Cleansing of the Temple" and Jesus' attitude toward his mother are all additional evidence to those who believe that Jesus was of unsound mind.

The author, in a whole-hearted manner in which his faith is evident, endeavors to refute the arguments put forward by Jesus' critics. The book has an absorbing interest and should be widely read.

G. W.

THE PRINCIPLES OF ELECTROTHERAPY AND THEIR PRACTICAL APPLICATION. By W. J. TURRELL, Consulting Physician, Oxford County and City Mental Hospital. First edition. Pp. 276; 29 illustrations. London: Henry Frowde, Hodder & Stoughton, 1922.

This small book is divided into four parts. In Part I current electricity is discussed; Part II is devoted to the task of explaining the therapeutic action of radiant energy; Part III is concerned with electrodiagnosis; the last subdivision of the book explains the action of electrotherapy and some of the conditions for which it is used and also gives the indications for electrical treatment. This last part has to do largely with the ordinary uses of electricity.

This book, while not an exhaustive treatise, presents the subject in a clear and concise manner and should be of value to anyone who uses electricity in his practice.

G. W.

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STUDIES IN INFLUENZA AND ITS PULMONARY COMPLICATIONS. By D. BARTY KING, O.B.E., M.A., M.D. (Edin.), M.R.C.P. (Lond. and Edin.), Physician to the Royal Chest Hospital, London; Consulting and Examining Physician to the Church Army Sanatorium for Children Suffering from Pulmonary Tuberculosis, Fleet, Hants. Pp. 88; 31 illustrations. New York City: Paul B. Hoeber, 1922.

This attractive little book consists of three studies in influenza made by the author while in charge of the medical division of the County of London (Horton) War Hospital during the late war. The first of these has to do with an outbreak of the epidemic among 150 cases of malaria, the second with the after-effects of the acute pulmonary complications of influenza as revealed by clinical roentgenoscopic and postmortem examinations, and the final one with the disease as it affected the nursing staff (329) of the hospital. Numerous case reports, temperature charts, tables and diagrams of chest physical findings and of roentgenoscopic results are included, and serve to greatly enhance the value of the work. The importance of getting the patients to bed promptly is emphasized and strophanthus is the drug which he believes most helpful when pulmonary complications arise. A plea is made for repeated clinical and roentgenoscopic examinations of pneumonia patients during their convalescence in order to discover in their early stages the various complications which, unless properly treated, may end in chronic fibroid lung disease. The chief treatment advocated for this type of affection is respiratory exercises.

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